

Name In Full

Certificate of Death

Michael G. Anderson

Town

County

Died at

Pleasantville

Harford

MARYLAND

Date 19

03

Month

Day

April

29

Age

70.

3.

19

Native of

Maryland

Occupation

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

Six

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Heart-disease

How long sick

179
18 hours

Accident, Suicide, Homicide

Reported by

G. W. Davis M. D.

Address

Pleasantville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858



Name in Full

Certificate of Death

William H. Arnold

Town

County

Died at

Abdeen

Harford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

4

23

Age

67

Ind

Farmer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Consumption

How long sick

5 years

Death

Accident, Suicide, Homicide

27

Reported by

J. H. Gummy

Address

Abdeen Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William W Asher

Town

County

Died at

Aberdein

Harford

MARYLAND

Date 1908

Month

Day

Y.

M.

D.

Native of

Occupation

4

8

Age

69

3

-

Md

Retired

Male

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

7

Husband of

Wife

Father's

Name

Ellen E Asher

Mother's

Maiden Name

Sarah Wigley

Cause of

Primary

Chronic Gastritis

How long sick

2 yrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

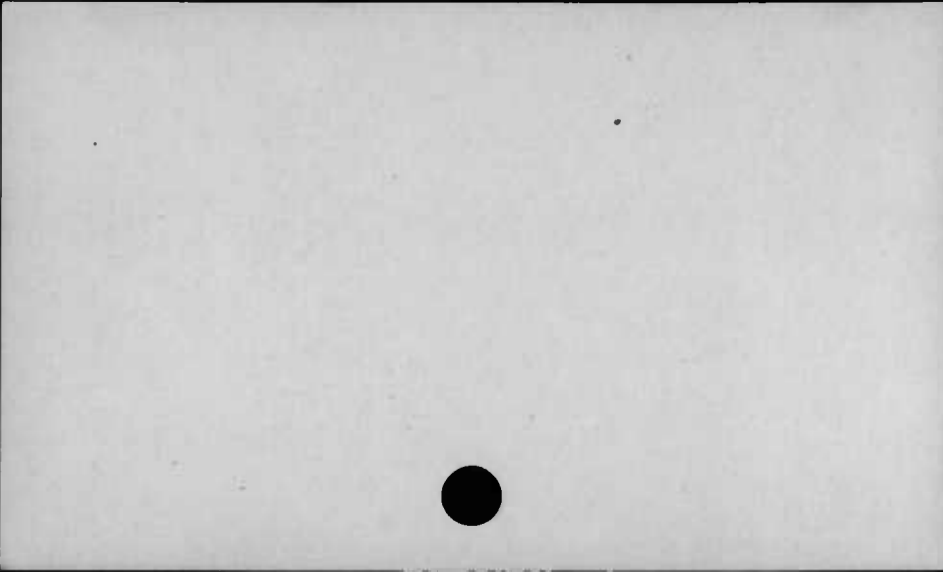
Reported by

J. J. Kennedy, P.R. & S

Address

Aberdein Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Whiteford Apres
 Town County
 Died at Rocks Harbor

MARYLAND

Date 1903 April 10 Y. M. D. Age 17 10 23 Native of Md Occupation
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
 of
 Wife

Father's Name John Ayars Mother's Maiden Name Ella C. Hawkins

Cause of Death { Primary Spinal Meningitis 61 How long sick Three months
 Immediate Convulsions Accident, Suicide, Homicide

Reported by Martin L. Jarrett

Address Jarrettville, Md Jarrettville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name In Full

Certificate of Death

John A. Barnes

Town

County

MARYLAND

Died at

Harford Furnace

Bay

Date 1903

Month

Day

Y.

M.

Native

Occupation

4

3

Age

1

14

Md

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name John Barnes

Maiden Name

Kellie

Cause of Primary

do not know

How long sick

2 days

Death Immediate

Accident, Suicide, Homicide

Reported by

H. K. McComas 179 Undertaker

Address

Abingdon Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full

Certificate of Death

Marcline Berry

Died at ^{Town} *Wardens*^{County} *Harford*

MARYLAND

Date 19 *03* Month *3* Day *13* Age *54* Y. *1* M. *24* D. *24* Native of *Ind* Occupation *Housewife*

~~Male~~ White Married ~~Widow~~ ~~Divorced~~ *3*

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of *Henry Berry*

Wife *J. S. Robinson*

Father's Name *J. S. Robinson*

Mother's Maiden Name *1*

Cause of Death { Primary *Heart Disease - aortic* How long sick *4 years*

Death { Immediate Accident, Suicide, Homicide

Reported by

J. H. Tamm

Wardens S. R. 25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

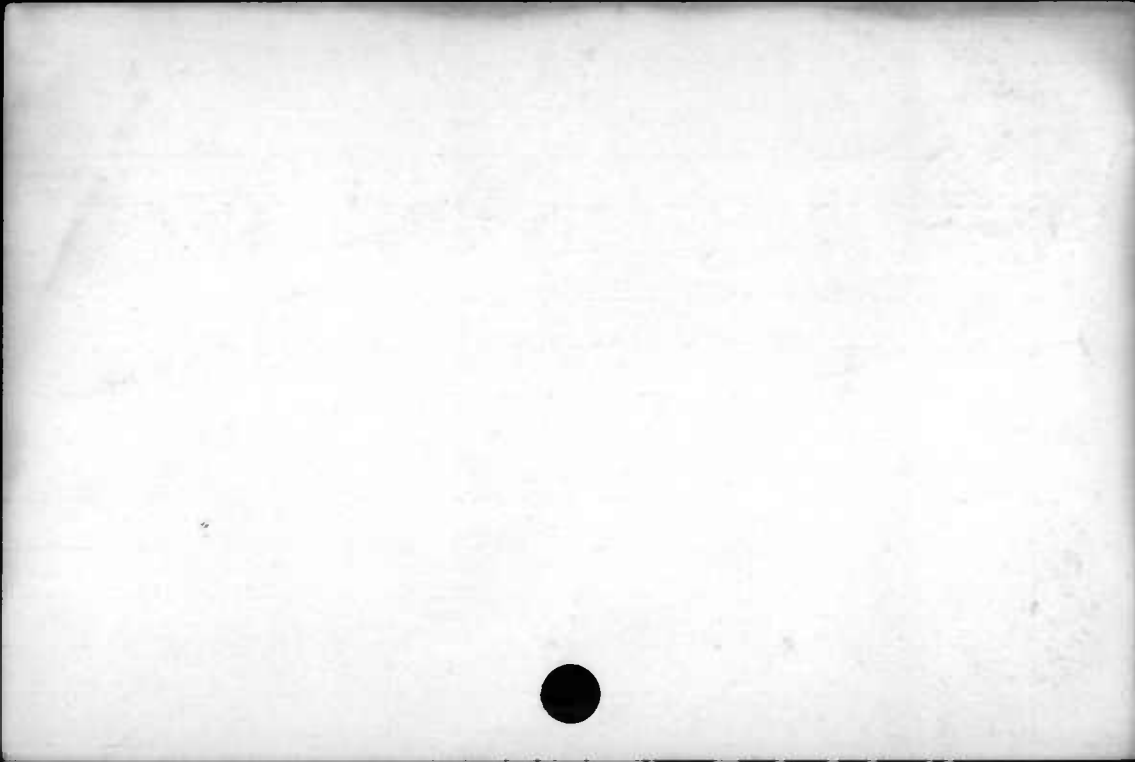
TO BE ANSWERED BY
NEAREST FRIEND

Died at Bel Air <small>Town</small>		Harford <small>County</small>		MARYLAND	
Date of death 190	3 <small>Month</small>	April <small>Day</small>	7 <small>Years</small>	81 <small>Months</small>	1 <small>Days</small>
Sex Female	Color or Race White		Birth-place Maryland		
Married, Single or Widowed Single			Occupation House wife		
Name of Wife or Husband L. Lammson Cole					
Father's Name James Numbers			Father's Birthplace Ind.		
Mother's Maiden Name Mary Guiffin			Mother's Birthplace		
Name of person giving information C. W. Cole			How related to deceased Son		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Heart Disease	How long Several years
Immediate Fallen	How long 79 12 hrs
Are the name, age, sex, color, date and place correctly given above? Yrs	Signature of Physician C. H. Kingworth
	Address Bel Air
Accident or Suicide? No	



Name
in
Full

William

Fisher

CERTIFICATE OF DEATH

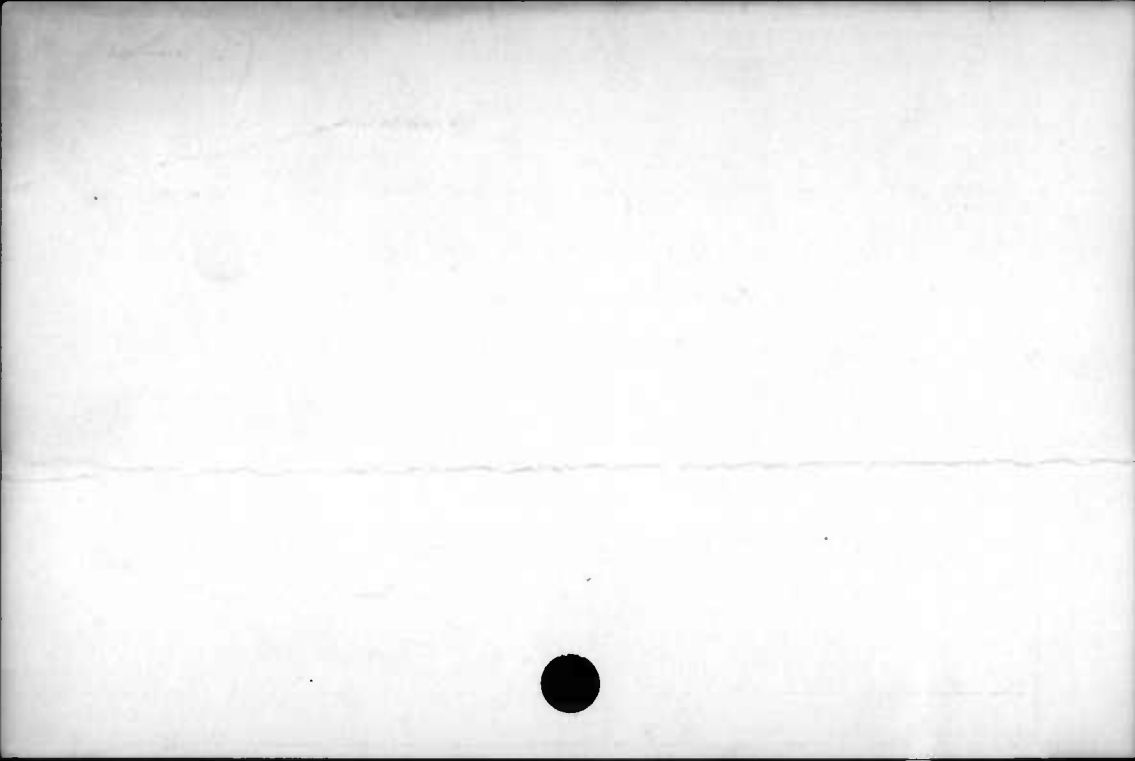
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Rees or		County Harford		MARYLAND	
Date of death 190	3	Month April	Day 3	Age 66	Years	Months	Days
Sex male		Color or Race colored-		Birth- place Harford Co Md			
Married, Single or Widowed				Occupation Farmer			
Name of Wife or Husband Louisa Fisher nee Moore							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving In formation Mary Fairbay				How related to deceased Daughter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Asphyxy	How long	1 hr
Immediate	Heart-failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		James F. H. Gornall M.D.	
		Address Fork Md-	
Accident or Suicide?			



Archibald Fletcher

Town

County

Died at Blenheim Hall Harford State MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903 April 26 Age 78 Harford Co. Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

4

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

166

Cause of

Primary

Upsetting of wagon on

Death

Immediate

Road home from Fishery

How long sick

Accident, Suicide, Homicide

Reported by

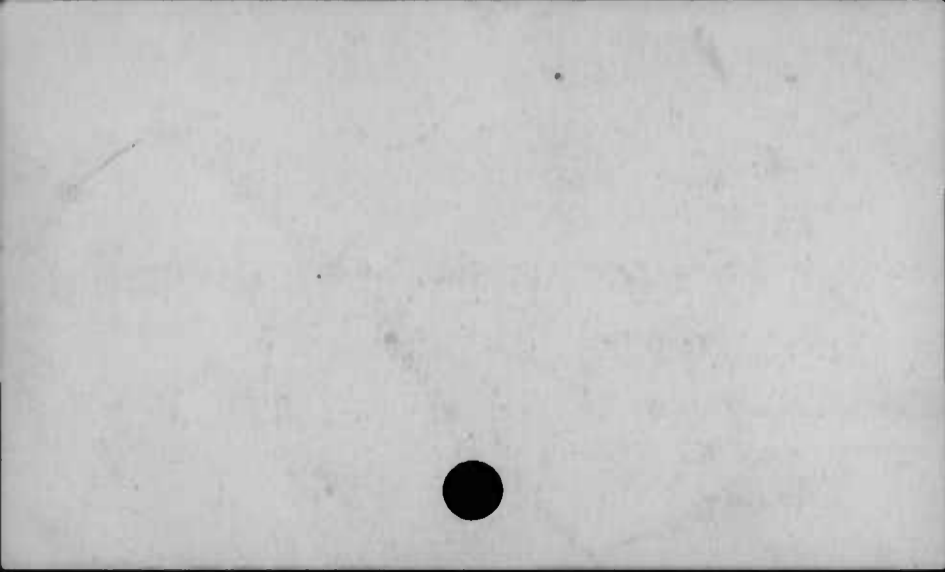
Grafton Devor Undertaker

Address

Piquette

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Male

Female

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Single

Widow

Widower

Divorced

Number of children living

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name in Full

Certificate of Death

Sarah Griffin

Town

County

MARYLAND

Died at Mar Abdeen

Harford

Month Day

Y.

M.

D.

Native of

Occupation

Date 1903

4 15

Age

5

Ind

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Thomas Griffin

Mother's

Maiden Name

Kate Johnson

Cause of

Primary

Pneumonia

How long sick

one week

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. Gurney D. V. E. D. S.

Address

Abdeen Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

John Guthrie

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Harrisburg				Harford			
Date of death 1903	Month	Day	Age	Years	Months	Days	
April	23	72					
Sex	Male	Color or Race	White	Birth-place	Delaware		
Married, Single or Widowed	Single		Occupation	Farmer			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			
Fond M. Reasin				Sister			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Apoplexy	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Michael H. Fahy, Coroner
	Address
	Harford County, Md.
Accident or Suicide?	



Name in Full

Certificate of Death

Mary Emelie Hansson

Died at ^{Town} Magnolia^{County} Hartford

MARYLAND

Date 1903 ^{Month} April ^{Day} 23 ^{Y.} 43 ^{M.} 1 ^{D.} 7 ^{Native of} U. St. ^{Occupation}

~~Male~~ ^{White} ~~Colored~~ ^{Married} ~~Single~~ ^{Widow} ~~Divorced~~ ^{Widower}

^{Female} ~~Colored~~ ~~Single~~ ~~Widower~~ ^{Number of children living} 7

~~Husband~~ of Herman W. Hansson

Wife

Father's Name Gordon Emmord Mother's Name Mary

Cause of ^{Primary} Child birth 136 ^{How long sick}

Death ^{Immediate} Hemorrhage ^{Accident, Suicide, Homicide}

Reported by R. F. W. Osfermann

Address Abingdon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85588

1911

1912

1913

1914

1915

1916

1917

1918

1919

1920

1921

1922

1923

1924

1925

1926

1927

1928

1929

1930

1931

1932

1933

1934

1935

1936

1937

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>The Rocks</i> Town		<i>Harford</i> County		MARYLAND		
Date of death 190 <i>9</i>	Month <i>4</i>	Day <i>30</i>	Age	Years <i>6</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>The Rocks, Md.</i>			
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>						
Father's Name <i>John H. Hawkins</i>			Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Bebecca Pyle</i>			Mother's Birthplace <i>Md</i>			
Name of person giving information <i>James F. Hazlett</i>			How related to deceased <i>Nephew</i>			

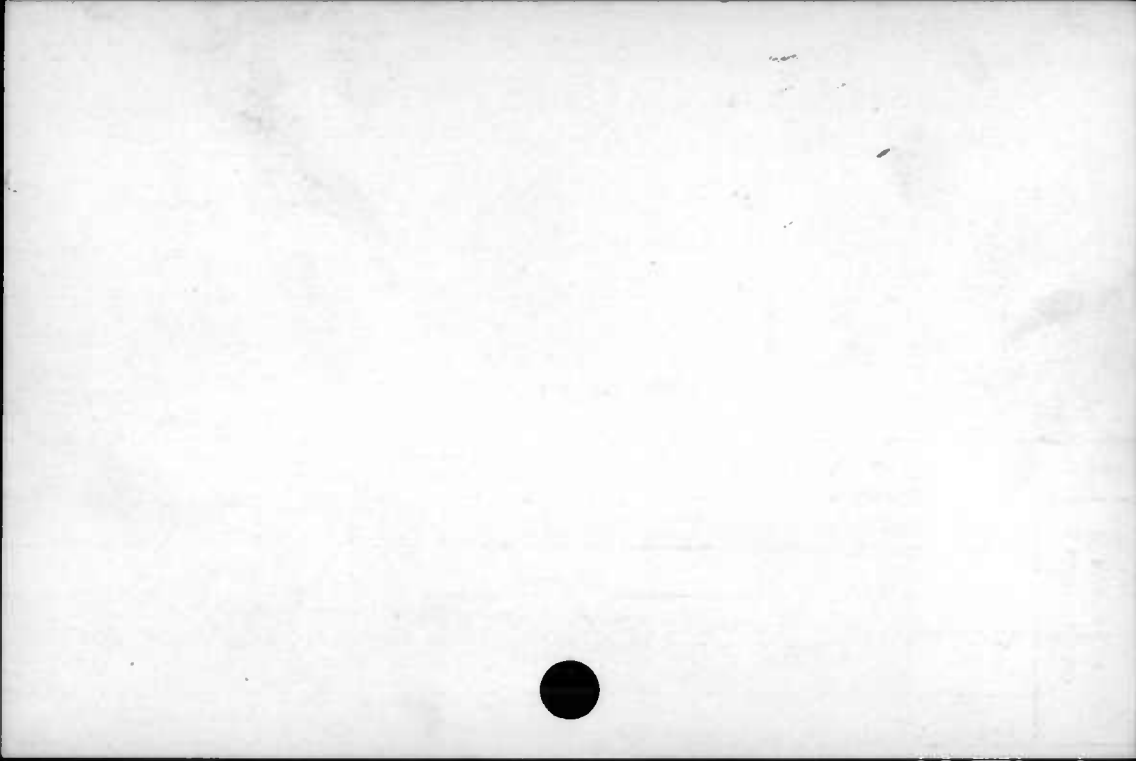
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tubercular Meningitis</i>	How long <i>3 weeks</i>
Immediate <i>Convulsions</i> <i>28</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. P. Smushkin</i>
	Address <i>Forest Hill, Md.</i>
Accident or Suicide? <i>—</i>	



Name In Full		Raachael Ann. Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cambria	County Stafford		MARYLAND	
	Date of death 1903	Month Apr.	Day 2	Age 63	Years	Months	Days
	Sex	Female		Color or Race	White		Birth- place
	Married, Single or Widowed	Widow		Occupation House Keeping			
	Name of Wife or Husband				Benj. Jones.		
	Father's Name				Father's Birthplace		
	Mother's Maiden Name				Mother's Birthplace		
	Name of person giving In formation				How related to deceased		
				<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>			
PHYSICIAN OR CORONER	Primary	Thrombosis, Central.				How long	82
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		
					Address		
					P. W. Warr, Ramsey Dec. 10. Pan		
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Erastus Jordan

Town

County

MARYLAND

Died at

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth
placeMarried, Single
or Widowed

Occupation

Name of wife or
husbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
FullThomas C. M^r Nutt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Darlington</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>25</i>	Years <i>75</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland.</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>Carpenter</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation <i>Dr. Ephie Hopkins</i>			How related to deceased <i>Physician</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>79</i>
Immediate <i>Stroke with disphoria</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. Ephie Hopkins</i>
	Address <i>Darlington Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Sophia M. Poulson

Died at Bearss Town Harford County MARYLAND

Date 19 18 April 11 Month Day Y M D Age 16 2 15 Native of Md Occupation housekeeping

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name

Thos. Poulson

Mother's Maiden Name

Georganna Gordon

Cause of

Primary

How long sick

Death

Immediate

Convulsion 70

Accident, Suicide, Homicide

Reported by

Geo. W. Davis M. D.

Address

Pleasantville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

CERTIFICATE OF DEATH

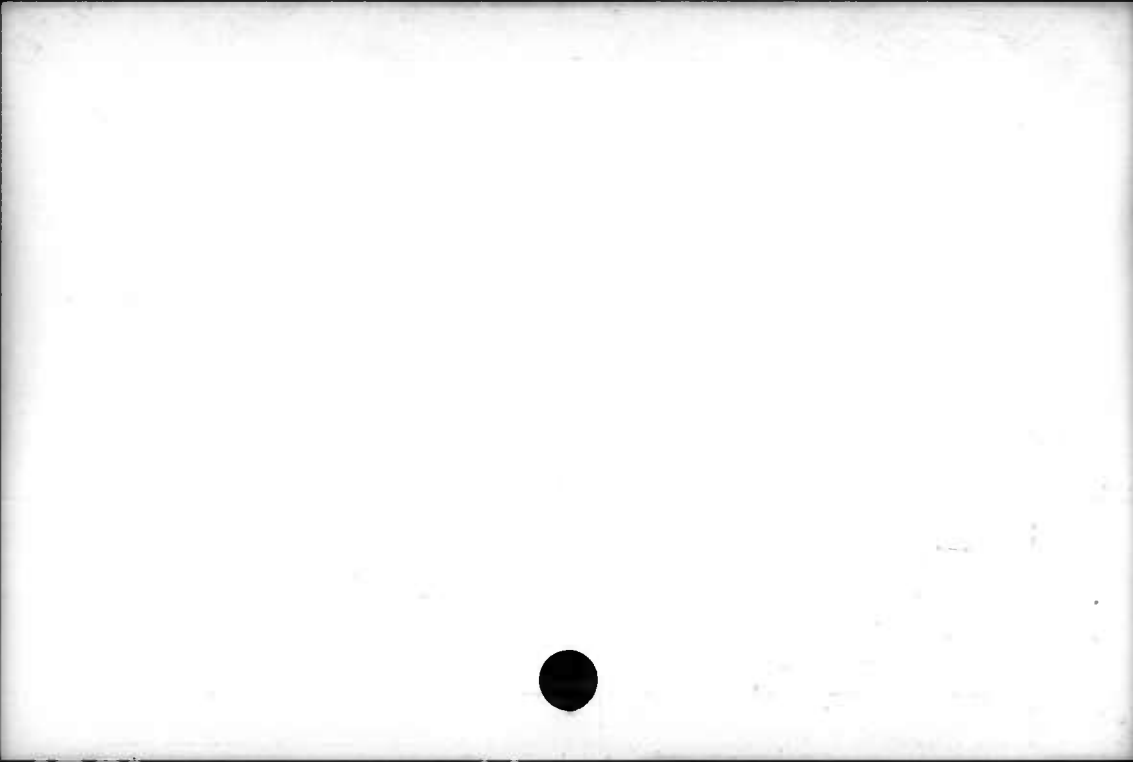
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Priscilla Prestery</i>		Town <i>Sarlington</i>		County <i>Harpur</i>		State MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>21</i>		Day <i>24</i>	
Sex <i>Female</i>		Color or Race <i>Black</i>		Years <i>23</i>		Months <i>10</i>	
Married, Single or Widowed <i>Single</i>		Birth- place <i>Maryland</i>		Occupation <i>Servant</i>			
Name of Wife or Husband							
Father's Name <i>Ussyr Prestery</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Susan Wilson Prestery</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving In formation <i>Dr. Ephie Hopkins</i>				How related to deceased <i>Physician</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Phthisis Pulmonary</i>		How long <i>2</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Dr. Ephie Hopkins</i>
		Address <i>Sarlington Ind.</i>
Accident or Suicide?		



Name In Full

Certificate of Death

Eliza Rice

Town

County

MARYLAND

Died at

Hagerstown, 1st Ward

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

03

April

28

Age

96

-

-

2nd

Domestic

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

2

Husband

of

Edward Rice

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Infirmities

Death

Immediate

Exhaustion

154

How long sick

7 months

Accident, Suicide, Homicide

Reported by

Dr. W. A. Callahan

Address

Creswell, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

John Ernest Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>The Rocks</i>		^{County} <i>Harford</i>		MARYLAND	
Date of death 190 <i>3</i>	Month <i>4</i>	Day <i>29</i>	Age <i>22</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Harford Co.</i>		
Married, Single or Widowed <i>Single</i>		Occupation <i>Victim</i>			
Name of Wife or Husband					
Father's Name <i>George Rice</i>			Father's Birthplace <i>Harford Co</i>		
Mother's Maiden Name <i>Annie Simmons</i>			Mother's Birthplace <i>Harford Co</i>		
Name of person giving information <i>John Ramsay</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>2 years</i>
Immediate <i>Exhaustion</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. T. P. Smith</i>
	Address <i>First Hill</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

Date 1903

Male

Husband
of
Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Divorced~~Number of children living

Mother's

Maiden Name

How long sick

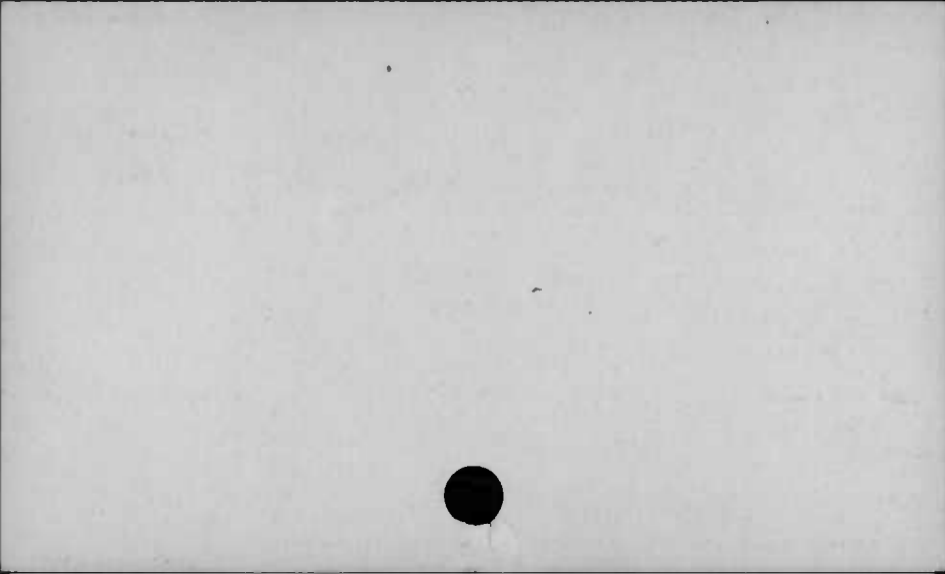
~~Accident, Suicide, Homicide~~

Primary

Immediate

Address

LIBRARY BUREAU, 79896



Name
in
Full

Mary Eliza [Stoopman] Silver.

CERTIFICATE OF DEATH

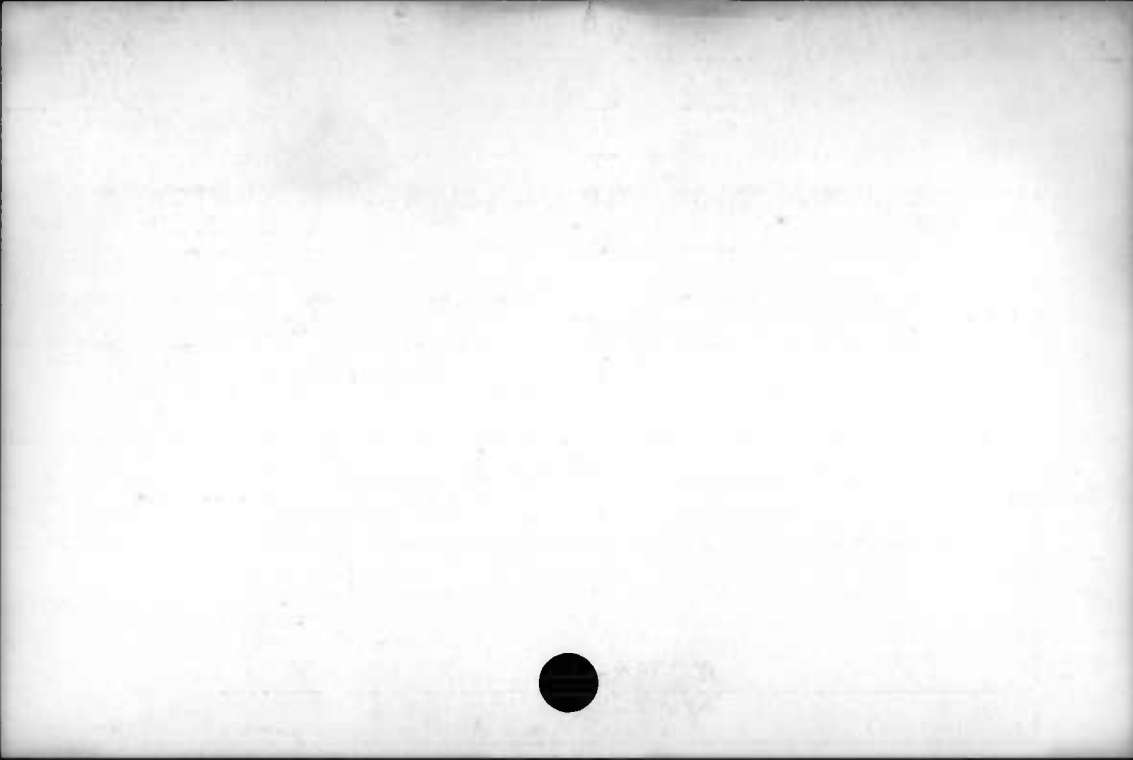
TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Glenville</i>			County <i>Starford</i>			MARYLAND	
Date of death 190 <i>3</i>	Month <i>April</i>	Day <i>9th</i>	Age <i>75</i>	Years	Months <i>10</i>	Days <i>12</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>near Hurdens Md</i>			
Married, Single or Widowed <i>Widow</i>			Occupation				
Name of Wife or Husband <i>Jeremiah P. Silver</i>							
Father's Name <i>Peter Stoopman</i>				Father's Birthplace <i>Junk Co. Pa</i>			
Mother's Maiden Name <i>Mary Cooper & Tump</i>				Mother's Birthplace <i>near Burlington Starford Co</i>			
Name of person giving information <i>Albert P. Silver</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>several years</i>
Immediate <i>General weakness</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R M Smith M D</i>
	Address <i>Waverly Dr</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Alick Smith

Town

County

MARYLAND

Died at

Mar Abdeen

Harford

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

4

20

Age

4

-

-

Ind

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~

Number of children living

✓

Husband

of

Wife

Father's

Name

Orrisut Smith

Mother's

Maiden Name

Mary Smith

Cause of

Primary

How long sick

Death

Immediate

Burned

Accident, ~~Suicide~~, ~~Homicide~~

Reported by

J. H. Hammy S. 12 20
Abdeen Ind

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Eliiza Smith

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

4 14

Age

65

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

of

Wife

Father's

Name

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Sarah A Thompson
 Town *Gibson* County *Harford* MARYLAND

Died at

Date 1893

Month

Day

Y.

M.

D.

Native of

Occupation

4

12

Age

43

Maryland Harford

~~Male~~

White

~~Married~~

Widow

Divorced

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

1

Husband
 of

William Thompson

Father's
 Name

John Judd

Mother's
 Name

Annie Judd

Cause of

Primary

Long trouble & Heart disease

How long sick

3 yrs

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Dr. F. P. Smith

Address

Forest Hill

99

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Martha B. Fredway

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Chestnut Hill ^{County} Sanford

Date of death 1903 ^{Month} 4 ^{Day} 29 ^{Age} 70 ^{Years} ^{Months} 2 ^{Days}

Sex Female **Color or Race** White **Birth-place** Ind.

Married, Single or Widowed **Occupation** House wife

Name of Wife or Husband Thomas M. Treadway

Father's Name Stephen Tipton **Father's Birthplace** Ind.

Mother's Maiden Name Elizabeth Lynch **Mother's Birthplace** Ind.

Name of person giving information Alice Fredway **How related to deceased** Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis **How long** 9 1/2 days

Immediate Pneumonia **How long** 9 1/2 days

Are the name, age, sex, color, date and place correctly given above? Yes **Signature of Physician** William J. Archer

Address Bel Air Md

